

Editorials

Inter-species health equity

Johan P. Mackenbach 

Department of Public Health, Erasmus MC, Rotterdam, Netherlands

Correspondence: Johan P. Mackenbach, Department of Public Health, Erasmus MC, Rotterdam, CA 3000, P.O. Box 2040, Netherlands, Tel: +31107040704, e-mail: j.mackenbach@erasmusmc.nl

In his book ‘The Expanding Circle’, bioethicist Peter Singer describes how human altruism began as a drive to protect one’s kin and community members, but has since developed into a consciously chosen ethic with a gradually widening circle of moral concern. In the distant past, humans were only concerned with the well-being of their family and fellow villagers, but in more recent times, this developed into a concern for all their countrymen, and then from a concern with white people only into a concern including people of colour. It is not so long ago that black Africans were not even considered human beings.¹

Altruism also permeates public health. In its best moments, public health is driven by a moral imperative to include everyone in efforts to improve health—rich and poor, black and white, near-by and far-off, fat and thin. Explicitly or implicitly, this norm underpins a wide range of public health policies, including outreaching preventive services, equal access to medical care and a persistent concern with health equity. The latter is understood as the absence of avoidable health disparities between different groups of human beings, defined in terms of socioeconomic position, ethnicity, gender, etc.²

However, Singer and other bio-ethicists argue that there is no rational argument for limiting our altruistic concerns to the human species. If one accepts the idea that other living beings also have legitimate interests, ‘it is as arbitrary to restrict the principle of equal consideration of interests to our own species, as it would be to restrict it to our own race. The only justifiable stopping place for the expansion of altruism is the point at which all whose welfare can be affected by our actions are included within the circle of altruism’ (p. 120).¹

If we accept this radical line of reasoning, public health is in trouble. Public health, and the decline of mortality which it achieved, has contributed importantly to the population explosion of the last century. Rising human population numbers, and the increase in resource use per human that was necessary for health improvement, have played an important role in the loss of biodiversity on Earth. While human life expectancy rose, whole species of other living beings have become extinct. The extinction rate of other living species is now 100 times higher than before humans rose to prominence on this planet, and many remaining species are rapidly decreasing in number.³

Can further lengthening of human life, and more generally, further improvement in human health, remain a priority now that we see other species being completely erased? Should public health not expand its ‘circle of concern’ to other living species, and morph into a form of ‘planetary health’ that encompasses all life on Earth? Or, if it chooses to keep its focus on human health, should public health

not as a very minimum decide to operate within strict ecological boundaries that guarantee the long-term survival of other species than *Homo sapiens*?

Let me give an illustration of what the latter would mean. Some analysts have suggested that we can stop biodiversity loss and conserve at least 80% of preindustrial species richness, by protecting the remaining 50% of the Earth as intact ecosystems.⁴ If this is correct, then the next step is to re-evaluate human health goals, and the means to achieve them, within such a boundary. This was done for dietary guidelines in a recently published analysis showing that it will still be possible to feed the future world population in such a ‘Half-Earth’ strategy, but that a ‘Great Food Transformation’ will be needed, in which all of us switch to a largely plant-based diet.⁵

If public health would take the interests of other living species seriously, the challenges are enormous, and go beyond the current understanding of ‘planetary health’, which only acknowledges the importance of other living species (and the natural environment more generally) for human health.⁶ Biodiversity is important for human health, but it is naïve to think that the interests of humans and other living beings run in parallel—this is true only up to a certain point. If we want to preserve biodiversity for its own sake, it is necessary to set limits on the pursuit of our own interests. If we are serious in our altruism, we can no longer restrict ourselves to pursuing ‘intra-species health equity’, but must also strive for ‘inter-species health equity’.

Conflicts of interest. None declared.

References

- 1 Singer P. *The Expanding Circle*. Princeton, New Jersey: Princeton University Press, 1981.
- 2 Marmot M, Allen J, Bell R, et al. WHO European review of social determinants of health and the health divide. *Lancet* 2012;380:1011–29.
- 3 Díaz S, Settele J, Brondizio E, et al., editors. *Summary for Policymakers of the Global Assessment Report on Biodiversity and Ecosystem Services of the Intergovernmental Science-Policy Platform on Biodiversity and Ecosystem Services*. Bonn, Germany: IPBES Secretariat, 2020.
- 4 Wilson EO. *Half-Earth: Our Planet’s Fight for Life*. New York & London, UK: W.W. Norton & Co., 2016.
- 5 Willett WC, Rockström J, Loken B, et al. Food in the anthropocene. *Lancet* 2019; 393:447–92.
- 6 Horton R, Beaglehole R, Bonita R, et al. From public to planetary health: a manifesto. *Lancet* 2014;383:847.